



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA, MT 59620-0139
(406) 444-3134
(406) 444-2641-Fax

EMPLOYER INTERNET REPORTING SIGN-UP FORM

TRS Reporting Agency Number:

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TRS Reporting Agency Name:

Reporting Official's Name:

Last

First

Middle Initial

Agency's Federal Tax ID:

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Reporting Official's Phone No:

4	0	6				-				
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Ext:

Reporting Official's E-Mail Address:

Desired Month to Begin Reporting:

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Do you currently use electronic or magnetic (diskette) reporting?

Yes

No

☐☐

(Foxie Lady, Black Mountain, CSA, UST, etc.)

If YES, what accounting software you are using?

What Web Browser do you use?

(Internet Explorer, Netscape, Opera, Etc.)

Version?

Authorized Reporting Official's Signature:

Authorized TRS Signature:

Today's Date:

TRS USE ONLY

Date Received:

Date Entered:

Contacted: